MERCY MEDICAL CENTER SUBACUTE

500 SOUTH OAKWOOD ROAD

500 SOUTH OAKWOOD ROAD			
OSHKOSH 54904 Phone: (920) 223-3010		Ownership:	Nonprofit Church
Operated from 1/1 To 12/31 Days of Operation:	365	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	Yes	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/03):	15	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/03):	15	Title 19 (Medicaid) Certified?	No
Number of Residents on 12/31/03:	14	Average Daily Census:	12

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (12/31/03)	Length of Stay (12/31/03)	8
Home Health Care	No			Age Groups	응		0.0
Supp. Home Care-Personal Care	No			1		1 1 10010	0.0
Supp. Home Care-Household Services	No	Developmental Disabilities		Under 65	14.3	•	0.0
Day Services	No	Mental Illness (Org./Psy)	0.0	65 - 74	28.6		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	28.6		0.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	28.6	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0	Full-Time Equivalent	
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Resi	dents
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	7.1	65 & Over	85.7		
Transportation	No	Cerebrovascular	0.0			RNs	65.4
Referral Service	No	Diabetes	0.0	Gender	용	LPNs	8.6
Other Services	No	Respiratory	42.9			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	50.0	Male	35.7	Aides, & Orderlies	33.1
Mentally Ill	No	[Female	64.3		
Provide Day Programming for			100.0				
Developmentally Disabled	No			I	100.0		
***********	****	· ************	*****	* * * * * * * * * * * * * * * * *	*****	* * * * * * * * * * * * * * * * * * *	*****

Method of Reimbursement

		Medicare			dicaid tle 19			Other		P.	rivate Pay			amily Care			anaged Care			
Level of Care	No.	90	Per Diem (\$)	No.	olo Olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	 3	21.4	308	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	21.4
Skilled Care	11	78.6	246	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	11	78.6
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	14	100.0		0	0.0		0	0.0		0	0.0		0	0.0		0	0.0		14	100.0

Admissions, Discharges, and	- 1	Percent Distribution	of Residents'	Condit	ions, Services,	and Activities as of 12/	31/03
Deaths During Reporting Period	Į				0. 27 41		m 1
Percent Admissions from:		Activities of	96		% Needing sistance of	% Totally	Total Number of
Private Home/No Home Health	1 1 1		•	-110	Or Two Staff	2	Residents
Private Home/With Home Health		<u> </u>	14.3	One	85.7	0.0	14
	0.6					* * *	= -
Other Nursing Homes	0.0	2	14.3		78.6	7.1	14
Acute Care Hospitals					50.0	7.1	14
Psych. HospMR/DD Facilities	0.0		42.9		50.0	7.1	14
Rehabilitation Hospitals	0.0		85.7		7.1	7.1	14
Other Locations	0.0	******	******	*****	*****	******	*****
Total Number of Admissions	361	Continence		용	Special Treatm	ents	용
Percent Discharges To:	1	Indwelling Or Extern	al Catheter	7.1	Receiving Re	spiratory Care	28.6
Private Home/No Home Health	33.6	Occ/Freq. Incontiner	it of Bladder	21.4	Receiving Tr	acheostomy Care	0.0
Private Home/With Home Health	33.3	Occ/Freq. Incontiner	it of Bowel	7.1	Receiving Su	ctioning	0.0
Other Nursing Homes	16.9	-			Receiving Os	tomy Care	0.0
	7.8 i	Mobility			Receiving Tu	<u>=</u>	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	_	chanically Altered Diets	7.1
Rehabilitation Hospitals	0.6	2 2					
Other Locations	2.5	Skin Care			Other Resident	Characteristics	
Deaths	5.3			0.0	Have Advance		42.9
Total Number of Discharges	0.0	With Rashes		0.0	Medications	2110001000	12.5
(Including Deaths)	360 I	MICH NADILES		0.0		ychoactive Drugs	0.0
(Including Deachs)	300				Receiving PS	Actioactive Dinds	0.0

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	This	Other	Hospital-	i	All
	Facility	Based Facilities		Fac	ilties
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	80.0	90.1	0.89	87.4	0.92
Current Residents from In-County	85.7	83.8	1.02	76.7	1.12
Admissions from In-County, Still Residing	3.3	14.2	0.23	19.6	0.17
Admissions/Average Daily Census	3008.3	229.5	13.11	141.3	21.29
Discharges/Average Daily Census	3000.0	229.2	13.09	142.5	21.06
Discharges To Private Residence/Average Daily Census	2008.3	124.8	16.09	61.6	32.59
Residents Receiving Skilled Care	100.0	92.5	1.08	88.1	1.14
Residents Aged 65 and Older	85.7	91.8	0.93	87.8	0.98
Title 19 (Medicaid) Funded Residents	0.0	64.4	0.00	65.9	0.00
Private Pay Funded Residents	0.0	22.4	0.00	21.0	0.00
Developmentally Disabled Residents	0.0	1.2	0.00	6.5	0.00
Mentally Ill Residents	0.0	32.9	0.00	33.6	0.00
General Medical Service Residents	50.0	22.9	2.18	20.6	2.43
Impaired ADL (Mean) *	35.7	48.6	0.73	49.4	0.72
Psychological Problems	0.0	55.4	0.00	57.4	0.00
Nursing Care Required (Mean)*	4.5	7.0	0.64	7.3	0.61